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SECRETARY OF STATE

W

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Diane J. Zeimer, P.A.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	LUDE SUFFIX)
Englosed one on original and any (1) some of the end	-l£:	d
Enclosed are an original and one (1) copy of the artic	cies of incorporation and	a check for:
\$70.00 \$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
	ADDITIONAL CO	
FROM: Diane J. Zelmer Name	(Printed or typed)	
2200 Anchor Drive	Address	- top-
Fort Lauderdale, FL 33316 City,	State & Zip	
954-600-1191 Daytime To	elephone number	
rdzelmer@earthlink.net E-mail address: (to be used	for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME Diane J. Zelmer, P.A.	. , ,	,
The name of the co	orporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
•	Principal street address	Mailing ac	ddress, if different is:
2	2200 Anchor Drive		
	ort Lauderdale, FL 33316		
ARTICLE III			
The purpose for w	which the corporation is organized is:		
Law practice	Effective Date: 1/1	5/11	
•	(
	•		
ARTICLE IV The number of sha	SHARES ures of stock is: 5,000		
	INITIAL OFFICERS AND/OR DIRECTO	ORS	ಶ ್ಚ =
	itleDiane J. Zelmer		E8 _
Address:	2200 Anchor Drive		
11441405.	Fort Lauderdale, FL 33316	Address.	S = 7
	FULL Laudeluale, FL 33310		<u> </u>
			
Name and T	itle:	Name and Title	₽
Address:			98 6
			Gal co
			S 111-2
Name and T	itle:	Name and Title:	·
Address:			
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Diane J. Zelmer	of the registered agent is.	
Address:			
Address.	2200 Anchor Drive		
	Fort Lauderale, FL_33316		
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Diane J. Zelmer		
Address:	2200 Anchor Drive	_	
	Fort Lauderale, FL 33316		
	CHECOMATAN, LE ONO 19		
	ed as registered agent to accept service of proce m familiar with and accept the appointment as r		
			1/13/11
	Required Signature/Registered Agent		Date
I submit this docu	ment and affirm that the facts stated herein a	re true. I am aware that the s	false information submitted in a
document to the D	epartment of State constitutes a third degree felo	onv as provided for in c 217 15	5. F.S.
\ \	ucgree jeit	as provided for in 3.017.13.	vg # 11.00
			4 4 0 4 4
	Paguis d'Grand The		1/13/11
	Required Signature/Incorporator		Date